Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE O			OTHER THAN	
TOTAL CLAIMS			75					RATE	FEE	1 1	RATE	FEE
FOR			NUMBER FILED		NUMBÉR EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TC	TAL CHARGEA	BLE CLAIMS	∑ ∫ minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 mii	nus 3 =	*			X42=		OR	X84=	
ΜL	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	1
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2	1	TOTAL		OR	TOTAL	6
CLAIMS AS AMENDED - PART II										, , ,	OTHER	THAN
		(Column 1)		(Colu		(Column 3)	SMALL	NTITY	OR	SMALL		
AMENDMENT A	6.00 m	CLAIMS REMAINING AFTER AMENDMENT	* • . •	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				T CLAIM		┚┃	110			.000	
								+140= TOTAL		OR	+280= TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
	(Column 1) (Column 2) (Column 2) (Column 2)						,	1		l 1		
AMENDMENT B	•	REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***]=	┨┃	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	2	CLAIMS REMAINING AFTER AMENDMENT	,	NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=-]	X42=			X84=	··· - ·
[FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		┧┞	7,14-		OR		
+140= OR +280=												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
	The "Highest Nur						er fou	ind in the app	ropriate box	in coi	lumn 1.	